

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. P. Robert Fox

Mailing Address 4 Rainberry

City

Pittsford

State

NY

Zip Code

14534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lakeside Health System

Occupation

Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.12103

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Rosalyn Gordon

Mailing Address 270 Park Avenue

City

Huntington

State

NY

Zip Code

11743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Huntington Hospital

Occupation

Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.12186

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Donna Grant

Mailing Address 16 Cordell Place

City

E. Northport

State

NY

Zip Code

11731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Huntington Hospital

Occupation

Physical Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.12189

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....